LH-14A APR 97

New Jersey Department of Health and Senior Services Public Health Priority Funding

REPORT OF GRANT EXPENDITURES (SECOND HALF)

Reporting Agency				Grant Numb	er		Reporting Period			
				From: To:					o:	
Address				Grantee Acc	ct. or Fund	No.	Budget	Perio	d	
		From: To:								
City				NJDHSS Acc	NIDUCC Aggust Number(g)			of		
Cost Category Activity Code			Amount	Amount						Total
cost category	Amoun	it			Amount A		Amount Amou			
A. PERSONNEL										
							_			
	 		·	+	+					
TOTAL SALARIES	+			†	1		-			
FRINGE BENEFITS	Ì									
B. CONSULTANTS										
							_			
	1									
	1									
	 			<u> </u>	1		, -			
	+			 				<u></u>		
TO TAIL	+	+		+						
TOTAL C. OTHER COST CATEGORIES (Specify)	 									-
C. OTHER COST CATEGORIES (Specify)	+	+		1						
	†			+		-				
	 	·		 				<u> </u>		-
TOTAL COSTS THIS REPORT	1							t		-
TOTAL COSTS PREVIOUS REPORT	†									
TOTAL CALENDAR YEAR COSTS										
UNSPENT TO BE RETURNED										
I certify this report is true and with the terms and conditions of t	correct his gran	and a	all expend	ditures repo erlv reflec	rted herein ted in the c	have	e been i	made in	n acco	ordance cords.
with the terms and conditions of this grant and are prop Name and Title of Chief Financial Officer					Accepted	Accepted by Grant Management Officer				
						[]Yes []No				
Signature	ture Date				Signature	Signature				